

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045838

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11348

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

St. Louis

Length of stay in 1b

9 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Lutheran Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

Mo.

c. CITY

OR
TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)

1110 Lami

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Lydia

M.

Mugele

4. DATE
OF
DEATH

Month

Day

Year

11/15/63

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ **Never Married** ☐

Widowed ☒ **Divorced** ☐

8. DATE OF BIRTH

11/26/75

9. AGE (last birthday)

87

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

George Vollmar

13b. MOTHER'S MAIDEN NAME

Elizabeth Scharf

14. NAME OF HUSBAND OR WIFE

Paul Mugele Sr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

2

17. INFORMANT

Paul Mugele Jr.--1110a Lami

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic heart dis.

DUE TO (b)

Arteriosclerotic kidney dis.

DUE TO (c)

Terminal pulmonary emboli

INTERVAL BETWEEN ONSET AND DEATH

11/6

11/15

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

442X

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

11/6

20f. CITY, TOWN, OR LOCATION

11/15

COUNTY

11/15

STATE

21. I attended the deceased from

11/6

to

11:35 A.M.

and last saw her

11/15

him alive on

11/15

Death occurred at

11:35 A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Ralph Berg

(Degree or title)

MD.

22b. ADDRESS

32038

Gravois

22c. DATE SIGNED

11/16/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

11/18/63

23c. NAME OF CEMETERY OR CREMATORY

Sunset Burial Park

23d. LOCATION (City, town, or county)

St. Louis Co., Missouri

(State)

24. FUNERAL DIRECTOR

WACKER-HELDERLE

ADDRESS

3634

Gravois

25. DATE RECD. BY LOCAL REG.

NOV 18 1963

26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Licensed Embalmer No.

4375

P. O. Address

St. Louis 14, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.